

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009460

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317
FILED FEB 23 1962

Primary Registration District No.

544

Registrar's No.

453

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KirkwoodLength of stay in 1b
6 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 14 Ponca TrailInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Delaware

b. COUNTY

Sussex

c. CITY
OR
TOWN

Laurel

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
323 Poplar St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
WILLIAMMiddle
LEONARDLast
TORBERT JR.4. DATE
OF
DEATHMonth Day Year
Feb. 5, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
2-25-18939. AGE (last birthday)
68IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Ret. Teacher (school)10b. KIND OF BUSINESS OR INDUSTRY
Laurel High Sch.11. BIRTHPLACE (City and state or country)
Laurel, Del.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Wm. L. Torbert, Sr.

13b. MOTHER'S MAIDEN NAME

Liz. Weiley

14. NAME OF HUSBAND OR WIFE

Margaret Torbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes or unknown) (If yes, give year or dates of service)

Yes

WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT
14 Ponca Trail, Kirkwood
E. Elizabeth Douglas, Missouri18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH
unknownConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ N. ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
12-24-61

to 2-5-62

and last saw him alive on 2-5-62

Death occurred at 8:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert A. Dorsey M.D.

(Degree or title)

22b. ADDRESS
E. Jefferson
Kirkwood, Missouri22c. DATE SIGNED
2-5-6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

2-5-1962

23c. NAME OF CEMETERY OR CREMATORY
Laurel Cem.23d. LOCATION (City, town, or county)
Laurel Del.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pfitzinger Mort-Kirkwood 22, Mo.

25. DATE RECD. BY LOCAL REG.

2-5-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

14003

28070

3

4 0

5 2

6

7 1

8 2

94200

10

11

1290-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.